The Canadian Nurse

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INFANT FEEDING.

There is a singular agreement in English-speaking countries as to the intervals desirable between feeding times for infants. The law recognized by British and American writers is that nothing shall be given for the first twenty-four or thirty-six hours, and that the child should be fed every two hours for the first few weeks. The first physician to lay down this rule was Dr. Eustace Smith, in a book published in 1862, which was a great assistance to the practice of hand feeding. But there are French and German doctors who give much longer intervals between feeds, varying from every two and a half hours to five or six times a day, and all are agreed that the infant should be left to sleep in the night for certainly five or six hours. Dr. Czerny, of Breslau, one of the first authorities on the subject, says that the breast-fed child should not be fed at all during the first day, and on the following day only three or four times; afterwards five or six times a day being sufficient. The first week or two is the time when the child must learn good habits as to food and sleep. Miss Aiken says: "The child should from the beginning be trained to sleep at night. The question of waking hours is largely a matter of training in the first few weeks. A baby that is allowed to sleep all day is more likely to be awake and restless at night." And a wakeful baby would certainly expect to be fed. Dr. Lewis says on the same subject: "It is of the greatest importance that the child should be fed only at fixed times, with which nothing should be allowed to interfere. Irregularity in feeding not only encourages crying in the child, but tends to set up diarrhoea and other digestive troubles."

As to the amount given at each feed, it is clear that it must be no more than the stomach of the child will comfortably accommodate, and this is from one to one and a half ounces at birth. Dr. Snowman, in a recent article in the "Lancet," says that the amount required by each child varies according to its weight and surface area. "It is at once obvious that we cannot rationally satisfy the vital process of two healthy babies according to infant feeding tables when one weighs 6½ pounds and the other 10 pounds at the same age." He gives a table of the different quantities necessary for babies of different weights, from the ounce and a half required for the 6½ lb. child to the seven ounce feed for a child weighing nineteen pounds. The stomach of the larger child will, of course, hold more, and it needs therefore to be fed less frequently.

There has been a great change in the habits of civilized peoples within the last century or two as to the length of time that the child should be breast-fed. In the fifteenth century the English mother was accustomed to feed the

child till it was from two to three years old, the time which is still observed by less civilized nations, such as the Greenlanders. But from the middle ages the time has gradually become shorter, until the usual custom now is to cease at the age of nine months. Our foremothers probably thought it right to suckle the child till it had enough teeth to tackle the rough and tough food that its elders were accustomed to eat, for their bread was mostly coarse and brown, while fresh meat and vegetables were unattainable luxuries, at least in winter, 300 or 400 years ago, and, as we have seen, milk was considered unwholesome for young children. No doubt it was so, kept as it must have been in the unclean and unventilated dwellings that were our ancestors' abodes.

There is more diversity of opinion as to the quality of the milk to be used for artificial feeding. Nature is a great chemist, and it happens very rarely that the milk secreted in the mother's breast is not the very best food for her child. The director of the Berlin Lying-in Hospital asserts that 100 per cent. of his hospital patients could suckle their infants. He allows, however, that with some mothers the quality of the milk seems to disagree with the child in a few weeks' time; and he also says that it is true that there are infants who absolutely cannot be made to take the breast. This is, of course, largely dependent on the patience of the nurse, who should persevere in her endeavours for a long time before giving up the attempt as hopeless.

Cow's milk is generally accepted as the best substitute for breast milk. Varying as it does in the proportions of its constituents from breast milk, it is diluted by most authorities with water according to the age of the child, increasing from one part of water to two of milk during the first month, to undiluted milk as soon as the child is able to digest it, say at six months. But Dr. Budin, of Paris, feeds the youngest infants on undiluted, but sterilized, cow's milk with success. This plan has recently been adopted with good results in a Dublin Lying-in Hospital. In other infants' hospitals the milk is received daily into a laboratory, where the food for each child is scientifically prepared with the due proportion of fat, casein, etc., that has been prescribed for it. All doctors seem to agree that the milk shall not be boiled, but that, unless the greatest care has been taken in keeping the milk absolutely germ-free from the cow to the feeding bottle, it shall be sterilized by exposure to heat (150-160 F.) for about half an hour.

Taking it altogether, the modern infant receives much more scientific attention than ever fell to the lot of its predecessors. Not only with regard to its food, for its clothes have been altered in the direction of health and comfort. No longer in wrappings that prevent any free use of the limbs, it wears soft, light woolen garments that cover its chest and arms, and do not drag heavy weights of petticoats from its legs. No self-respecting mother of the present day would let her child be seen in the conveyance that first received the name of "perambulator," some fifty years ago. It was a wooden, shadeless, springless box on wheels that only allowed the child to sit upright, and was therefore useless for small babies. But it had the merit of not being easily upset, and the baby did not receive the continual jogging motion from it that seems to be the aim of many modern "prams."

Bristol, England. MARY N. OXFORD.

ST. MARY'S HOSPITAL, ROCHESTER.

During a recent visit to St. Mary's Hospital, Rochester, New York, often spoken of as the Mayo Brothers' Hospital, the following details with regard to the preparation of patients and operating room technique were collected.

Having regard to the large number of operations, often 30 (mainly major), between the hours of 8 a.m. and 1.30 p.m., and the high percentage of cured or improved cases, one cannot but be struck with the thorough yet simple methods of procedure. For an operation for the following morning the patient would go in at 2 or 3 p.m., and on arrival a dose of 2 oz. castor oil given, and if satisfactory results were not obtained, a soap-suds enema would be given early in the morning.

A light supper of tea, toast and cereal is allowed, and then nothing more before operation, not even water. A hot bath is taken three hours later, but no pad or antiseptic dressing is placed on the field of operation, which is shaved just before going to the operating room. The soap used for the skin and the operator's hands is Jumbo Soap. It is much favoured by mechanics for removing grease; it is strongly alkaline, contains pumice, and produces a good lather. It is well suited for the purpose, as it removes loose epitnelium and oily substances, leaving the skin smooth as well as clean, resembling Hand Sapolio, much used by some Philadelphia surgeons.

In stomach cases, lavage with warm water and a hypodermic of 1/6 gr. morphia precede the operation. In goitre or other neck cases a hypodermic of 1/8 gr. morphia and 1/120 atropine (to prevent the formation of mucus) is given, otherwise no drugs are used. The anaesthetic is always given in the operating room, and the anaesthetists are all nurses specially trained for this work. The results are wonderfully good. The anaesthetizing medium, except in a very small percentage of cases, is ether by the open method.

A thick blanket is folded over the legs, extending halfway up the thighs, secured by a wide strap, buckled above the knees. The patient's hands are crossed over the chest and secured with gauze to the head of the table, so that they can move only slightly sidewise and upwards.

The preparation of the skin is carried out whilst the patient is being anaesthetized, which seems to have the effect of diverting the patient's mind from the anaesthetizing process and is undoubtedly a saving of time. The skin is thoroughly cleaned with a pad of gauze, covered with a thick lather of Jumbo Soap, washed off with Harrington's Solution, followed by 70 per cent. alcohol If the skin is at all irritable, tincture of iodine is applied. In emergency cases the iodine preparation has been found very efficacious, the skin being kept as dry as possible and the strength only 2½ per cent. tincture iodine, otherwise dermatitis may follow.

The operator's and assistants' hands are well washed in running water with gauze and soap, the brush being used for the nails only, which are also carefully cleaned with a nail file and washed off with Harrington's Solution. The hands are then immersed in 70 per cent. alcohol.

The operator and his first assistant wear a linen cap, a face-piece tied around the mouth, rubber gloves, sleeves half-way to the elbows covered with long sleeves pinned on with safety-pins, and a small towel also pinned on the

chest. The latter are changed before each operation, but not the gown, unless it is soiled or the case has been septic.

All instruments are sterilized in water (with soda), except knives, which are kept in 10 per cent. solution of lysol. All basins, pans, trays, gloves, etc., are boiled, and the latter placed in 1-5000 bichloride of mercury. All dressings, pads, gowns, etc., are prepared in the steam sterilizer at 15 lbs. pressure. The sponges are made of gauze, and so folded as to leave no cut edges exposed. The packing has hemmed edges and a tape 6 inches long attached to one end. All clean, non-drainage wounds are dressed with several layers of gauze, wrung out of 1-500 tincture iodine and water, covered with a dry pad and held in place with adhesive strapping. In drainage cases the gauze is wrung out of saline solution, covered with absorbent cotton and common sterilized cotton outside to distribute the moisture, and finally a binder. No silk is used in this hospital, but a hard, twisted, black Irish linen thread (Nos. 25, 35, 50), sterilized by boiling. Silk-worm gut, horsehair, and catgut, carefully prepared in the hospital, are all used. Straight and curved glass tubes, with a strip of tape and a moist dressing surrounding it, are used for peritonitis cases and large abscess cavities. Rubber tubing with a casing of tape, or small drains made by rolling up a sheet of gutta-percha tissue, are much in vogue, but gauze is only used in small quantities for favouring clotting in the abdomen. Drains are removed early, often within four or five days, from the gall-bladder after seven or eight days, and from the hepatic duct after eight to nine days. Very few drugs are given, and little dependence is placed on strychnine and digitalis, shock and toxic symptoms being treated by more natural remedies, such as saline injections, given very slowly and with a smooth glass tube or soft rubber tubing, which will not irritate the terminal nerve endings. The can is placed only six inches above the rectum, so that the saline is given at the rate of one quart per hour. When appendicitis cases come in of four to five days' standing, with vomiting and temperature about 103, the routine practice is to give rectal salines, an ice-bag to the abdomen, and nothing by mouth till ready for operation. If there are signs of pus formation, the operation is deferred till the abscess has formed, when it ruptures outside on operation and is drained.

For gas the rectal tube is first used, then a soapsuds enema, which is repeated if necessary with salts and glycerine or one dram of a saturated solution of alum to one pint water, with equal parts of milk and molasses. About 50 per cent. of cases vomit once, and 25 per cent. are nauseated for two days. If the vomiting continues the stomach is washed out, and if there is suspicion of any toxic condition, this is repeated every three or four hours and plenty of saline injections given to dilute the toxins till the antibodies are prepared.

The patients are allowed out of bed early; hysterectomy cases often on 10th day; inguinal hernia cases, 10th to 12th day; umbilical hernia cases are kept in bed until 17th to 21st day; neck cases are allowed up on 2nd day.

Since the opening of the hospital in 1889, 33,500 patients have been received and cared for. Resident surgeons and nurses are allowed to see operations, special stands being arranged for their convenience.

M. A. ELLISON.

A SUGGESTION AS TO HOW SKILLED NURSING MAY BE SUPPLIED TO PEOPLE OF MODERATE MEANS.

The need, in times of severe illness, for continuous skilled nursing in the homes of those of moderate means, for a much lower fee than the graduate nurse must in justice to herself ask, is becoming more apparent every year. Various plans have been suggested, but we seem to be no nearer a practical solution of the difficulty than we were before.

Some time ago I made a suggestion that the remedy might be found through the insurance companies, and interviewed several of them regarding the matter. Nearly all seemed to think it might be feasible in "the future," but there were too many obstacles to be overcome in "the present." Of course it would mean an altogether new department of insurance, just as accident insurance was a new department at one time.

Although having failed in one direction, I feel that the need is so great we should not be discouraged, but should continue to try and find a way out of the difficulty—a way that would be both fair to the nursing profession and beneficial to the public.

The following is another suggestion:—If all our hospitals having nurses-in-training could arrange to increase, say by one-third, or one-quarter, or even less, their present nurse-in-training staff, and, in addition to their other courses of instruction, to give a course in practical home nursing during the years in training, I think the need could be to a great extent met and the hospitals not suffer in any financial way whatsoever, for the fees charged the patient would, of course, be collected by the hospital.

The main difficulty, as it seems to me, would be the extra accommodation needed for the extra nurses, but that, I am sure, could be overcome, all else being favourable.

The advantages to the pupil nurse of such a course would be great, for she will learn, under instruction, how best to adapt herself to many and various conditions, a thing that will be of great value to her when beginning private practice on her own account.

In no way could such a course disadvantageously affect the graduate nurse, for the doctors calling upon the hospital for such a nurse would understand it was only for such patients as could not otherwise afford to engage a nurse, that the hospital nurses are available. Some such regulations as these might be suggested:—

That the Department have a regular supervisor;

That all fees be collected by the hospital, such fees not to exceed, say, $1 per day;

That the doctors engaging the nurses agree to send a written report and criticism of the nurse's work, etc., to the supervisor at the end of or during the continuance of the case, for her guidance in their training;

That nurses be supplied with bags containing necessary outfit for cases to which called;

That each nurse will be given as varied a home nursing training as possible, care being taken that this department does not become almost altogether

an outdoor obstetrical department, which it might be apt to do were due precaution not taken;

That no nurse be sent out on "Home Nursing" till she has been in training at least one-third of the time required by her school, that is, if a three years' course is given, till after she has been in training at least a year.

There is, of course, much detail in such a course that would have to be worked out by each individual hospital, but if earnestly and enthusiastically taken in hand by all, some such plan as this might satisfactorily be followed, much to the benefit of the community.

Toronto. HILDEGARDE BURLAND.

THE PROBLEMS OF SYPHILIS.

Homer F. Swift, M.D.,
Assistant Resident Physician Hospital of the Rockefeller Institute for Medical Research.

Just one year ago, an announcement was made to the world that a new drug, then called "606," for the treatment of syphilis had been discovered by Ehrlich. At first, this was received cautiously, for the experience with atoxyl, arsacetin, and arsenophenylglycin, all organic arsenic compounds, was fresh in the minds of the profession. While these drugs had effected apparently remarkable cures, their application was not infrequently followed by permanent blindness or deafness, due to an atrophy which they induced in the nerves of sight and hearing.

Hata, who conducted the first experiments on animals infected with syphilis and other diseases due to spirilla, had never seen any blindness or deafness in animals following injections of "606," such as he had frequently noted after other organic arsenic compounds. In spite of these encouraging results in animals, Ehrlich said that a new remedy, which was to be applied to a disease of man, should be thoroughly studied on man before it was placed on the open market. He therefore distributed about twenty thousand doses of "606" to competent observers in different parts of the world, and asked them to use it on patients who could be carefully controlled in hospitals where accurate records could be kept. He gave the individual workers the greatest latitude in the mode of application; in this way, he hoped to learn the most efficient form.

In four months after the first announcement, the daily papers and other popular periodicals were full of the news of the wonderful cure. By a single injection, the disease was to be cured and in a few years the world would be rid of one of the worst scourges of mankind! While the picture may have been somewhat overdrawn by a popular and non-medical imagination, still many of the ideas were derived from medical men who saw clinical symptoms disappear in a marvelously short time. Ehrlich had advanced his theory of sterilisans magna, the complete destruction of the cause of the disease at one stroke, and because the visible symptoms disappeared so quickly, and the spirochete could not be found in moist superficial lesions twenty-four hours after an injection, people were led to believe that the complete sterilization

had been attained and the treatment of syphilis was reduced to a single injection of the new and wonderful remedy. Physicians who had spent years in the study of syphilis and realized the difficulties in its cure, were more guarded in their prognosis, and advised waiting for some years before rendering a final verdict.

Because of the uncertain status of the new drug, it was thought wise at the opening of the Hospital of the Rockefeller Institute, to select the treatment of syphilis as one of the problems for study. The poor facilities for the treatment of syphilis, offered by the general hospitals in this country, seemed to make this need all the more urgent. Most of the observations were being carried on by private individuals who were compelled to send their patients to small private hospitals, because the doors of the great public institutions, which are equipped with men and should be provided with apparatus to make accurate observations, are closed to a person suffering from syphilis. Such a patient is regarded as a criminal, and the stigma attached to the name, syphilis, is more efficient in excluding him than the frightful results of the disease are in providing a proper place for this treatment. At no time has this discrimination against syphilitics been more acutely brought to our attention than at present, when it is necessary to have hospital facilities for the proper administration of the Salvarsan. In Greater New York, there are only two or three hospitals with wards for the treatment of such patients. If they are admitted to the other hospitals, they must be sent in with some other diagnosis, or by a special dispensation of the directors, and this, in spite of the fact that syphilis, when recognized, is one of the least infectious and easiest isolated of diseases. Ample provisions are made for the reception of patients with late visceral manifestations, such as aneurysm of the aorta, or cirrhosis of the liver, or paralysis, but no place is provided where the disease may be carefully studied in its early stages, and the doctor and nurse in their training learn the true nature of the malady.

In making a diagnosis to-day, one must frequently resort to the Wassermann reaction. This is a test applied to the blood serum of the patient, and must be carried out in a well-equipped laboratory by trained serologists, in order to obtain reliable results. It is used not only in the diagnosis of the disease, but is now one of the most important guides as to the efficiency of treatment. Although all other symptoms may have disappeared, as long as the reaction is positive, it is an indication for continued treatment, and we are justified in declaring a patient cured only after repeated negative reactions, following the cessation of treatment. By controlling the treatment with Wassermann reaction, it is to be expected that many of the late serious manifestations of the disease may be avoided. The cost of the reaction places it beyond the reach of the charity patient, and hence, all hospitals which pretend to treat syphilis should be prepared to make the examination whenever it is necessary without charge, for it is just as important in the treatment of syphilis, as is a microscopic examination of the blood in the treatment of malaria.

The finding of spirochaete pallida, the micro-organism which causes syphilis, is another important aid in making an early diagnosis, and when

it is found in the primary ulcer, we are justified in instituting treatment without waiting for the rash and other general symptoms to appear. It is most important to begin treatment in this early stage, for by so doing, the time necessary for a cure can be much shortened, and the patient is often saved from a dangerous saturation with the virus.

With these valuable aids at our disposal, and the possibility of selecting our patients so that we could follow them to the best advantage, we have been studying the effect of "606" or Salvarsan, as it is now named. At first it was injected into the muscles, but this resulted in much pain and often long standing induration at the site of the injection. Experiments on animals have shown that there is extensive necrosis in the muscle. This results in a storing up of the arsenic, hence, the effect is slower than when the Salvarsan is injected intravenously. The latter method is practically painless, and is probably more effective. At present, it is considered the method of choice.

Some of the early cases, which were rendered free from symptoms and gav a negative Wassermann reaction, are now appearing with positive reactions and symptoms. These early patients were treated with only a single injection. Now, we have learned that we may repeat the treatment with safety, and are giving two or more injections. In spite of brilliant clinical results, it now seems that, except very early in the disease, a permanent cure is not effected by one or two injections, but that a combination of Salvarsan and mercury yields more rapid and permanent results than either one alone. The danger to the optic and auditory nerves has been shown to be very slight, and there is probably more danger to these nerves from the disease than from the Salvarsan.

Only the experience of a number of years can render a final verdict as to the true value of Salvarsan, but the work so far has shown us the necessity of careful, long continued study, as well as the value of the truly wonderful new remedy in the struggle against one of the most serious afflictions of the human race.—The Johns Hopkins Nurses Alumnae Magazine.

NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

A number of nurses from all parts of the Province assembled in Halifax on September 6th to attend the Annual Meeting of the Graduate Nurses' Association, which was held at the Nurses' Home of the Victoria General Hospital. The meeting was opened with prayer by the Rev. V. E. Harris.

The officers of the previous year were re-elected:—

Hon. President—Mrs. W. D. Forrest.

President—Miss Pemberton.

Local Vice-President—Miss T. Fraser, R.N.

Secretary—Miss Kirke.

Treasurer—Miss McKeil.

Provincial Vice-Presidents—Miss Sheraton, New Glasgow; Miss Sampson, Dartmouth; Miss Kirkpatrick, Windsor.

The Registrar reported 279 calls for private nurses, 14 of which were for male nurses. There had also been 12 calls for attendants. Very satisfactory reports were submitted by the Treasurer and the Secretary.

The membership roll now numbers 90, 30 names having been added during the year. Several of the Halifax doctors have been kind enough to give lectures at the monthly meetings, on subjects of special professional interest, all of which have been greatly appreciated by the members.

The Association also had the advantage of hearing a most instructive address on State Registration for Nurses, from Miss Mackenzie, of Ottawa.

Considerable progress has been made, including the appointment of a Provisional Board of Examiners, composed of three members of the nursing profession who had held executive appointments in public institutions which were Training Schools for Nurses, and two members of the medical profession. The following elections have been made:—

Nurse Examiners—Mrs. W. D. Forrest, Hon. President of this Association; Miss Pope, R.R.C., Matron Military Station Hospital; Miss Fraser, R.N., Superintendent of the Halifax Children's Hospital.

Medical Representative of the Nurses' Association—Dr. M. A. Curry.

Representative of the Nova Scotia Medical Society—Dr. K. A. McKenzie.

Nurses who had graduated from institutions of less than 30 beds were previously ineligible for membership, but would now have an opportunity of admission, conditional on passing this local examination.

The establishment of a "Benefit Fund" for invalided nurses was another undertaking prospective of success.

A special feature of the meeting was a most interesting address on Missionary Nursing in India, by Dr. Blanche Munroe, of the Hoyt Memorial Hospital, Jhansi. A speech of great encouragement was also made by the Rev. A. B. Cohoe. Mr. Cohoe made special reference to the influence of the trained nurse as an educational factor in the welfare of the nation.

The satisfactory reports were briefly reviewed by the President, who also made reference to the encouragement and interest which the Association received from outside sources. Votes of thanks to the speakers were moved by Mrs. Forrest, Halifax, and seconded by Miss Kirkpatrick, of Windsor. Also a vote of thanks was passed to Miss Kirke for her invaluable services in the progress of the organization.

NURSES' FAIR.

In aid of the Nurses' Sick Benefit Fund of the Association an open air bazaar was held at the Nurses' Home of the Halifax Victoria General Hospital.

Miss Kirke, Superintendent of the hospital, and her staff, received many congratulations, not only for the excellently equipped stalls of plain and fancy work, for which they had made themselves responsible, but for the perfect detail of all the arrangements.

The Nursery Booth, under the supervision of Miss F. M. Fraser and nurses of the Halifax Children's Hospital, assisted by Miss McKeil, "Restholm," and Miss Leyton, with two of her nurses from St. Joseph's Hospital, Glace

Bay, was one of special attraction. It was furnished with every comfort and luxury of infant requirement. The nursery screen of original design executed by Miss Margaret Ellis, recently of the Victorian Order, had many admirers.

The Doll Show, in charge of Miss Pope and sisters of the Station Hospital, was a great success. Doll representatives of the various Hospital Training Schools, the Victorian Order Nurse, and two beautifully dressed as English and Canadian Army Nursing Sisters, won many compliments.

"Mrs. Wiggs," very cleverly represented by Miss M. McDonald, of the Victoria General Hospital, with her inexhaustible supply of wit and humour, and seemingly inexhaustible cabbage market, afforded endless amusement. Miss F. McKie, as Fortune Teller, also attracted much patronage.

The reception room of the Nurses' Home made an excellent tea room, and with refreshments served by Mrs. Forrest, assisted by a number of nurses in uniform, proved a very popular retreat.

The profits of the sale have resulted in a very substantial foundation for the "Benefit Fund," and this has already been augmented by several donations from private individuals. Valuable assistance was also rendered by contributions from the staff of the Nova Scotia Hospital; St. Joseph's Hospital, Glace Bay; the Payzant Memorial Hospital, Windsor, and other provincial institutions. The Association is also indebted to a number of business firms for very generous assistance, more especially to the J. F. Hartz Co., Toronto; Messrs. Bouroughs & Welcome, Montreal; Messrs. Holloway Bros. and Belwin & Co., Halifax, and to the Scotia Pure Milk Company.

FLORENCE NIGHTINGALE AND ISLA STEWART.

The graduating class of 1911 were the guests at the annual luncheon of the Nurses' Association of the Toronto General Hospital Training School for Nurses, held in the beautiful grounds of the hospital.

Miss Snively was present, greatly to the delight of the members, and her successor in office as Lady Superintendent, Miss R. L. Stewart, upon the conclusion of her address on "Superintendents of Training Schools," proposed two toasts which were honoured in silence—one to the late Florence Nightingale, mother of nursing, and one to the late Isla Stewart, her brilliant pupil, "whose noble work and untiring zeal for the profession of nursing will never cease to be remembered."

How gratifying it is to those of us who shared her labours, and knew her noble mind, that already throughout the great Canadian Continent the name of Isla Stewart should be naturally associated with that of Florence Nightingale for honourable recognition by Canadian nurses! As time passes it will become universally recognized that no pupil trained in the Nightingale School for Nurses can ever quite attain the altruistic altitude touched by Isla Stewart in her devotion to professional ideals. The work she initiated is done. It cannot be repeated or undone. Resting on the rock of right, neither stress nor storm of contending interests can sweep it away. It was not the least of the sacrifices she made for us—the profession, as a whole—that her courageous demand for nursing unity and legislation brought her into acute controversy

with the authorities of her Alma Mater at St. Thomas' Hospital, and resulted in a futile attempt upon the part of these men to depreciate her genius—by ignoring her existence.

Just realize the situation.

The woman possessed of stupendous personality; ardently generous and upright, inspired by the flaming conscience and intelligence which alone produce the great citizen—neither to be intimidated nor bribed.

For she stood firm for the interests of the rank and file—herself holding the blue ribbon of the nursing profession—even when death came creeping nearer hour by hour, from which she never turned her face.

Then the Passing.

And what of her antagonists?

Shameful silence. Not one word of regret—or a flower to grace her grave—came from the training school of which she was, and will ever remain, the greatest pupil and glory!

Dear Canadian colleagues, your spontaneous veneration for the eminence of Isla Stewart reflects upon you the honour which you accord to her. We thank you.—*British Journal of Nursing.*

THE SCHOOL NURSE.

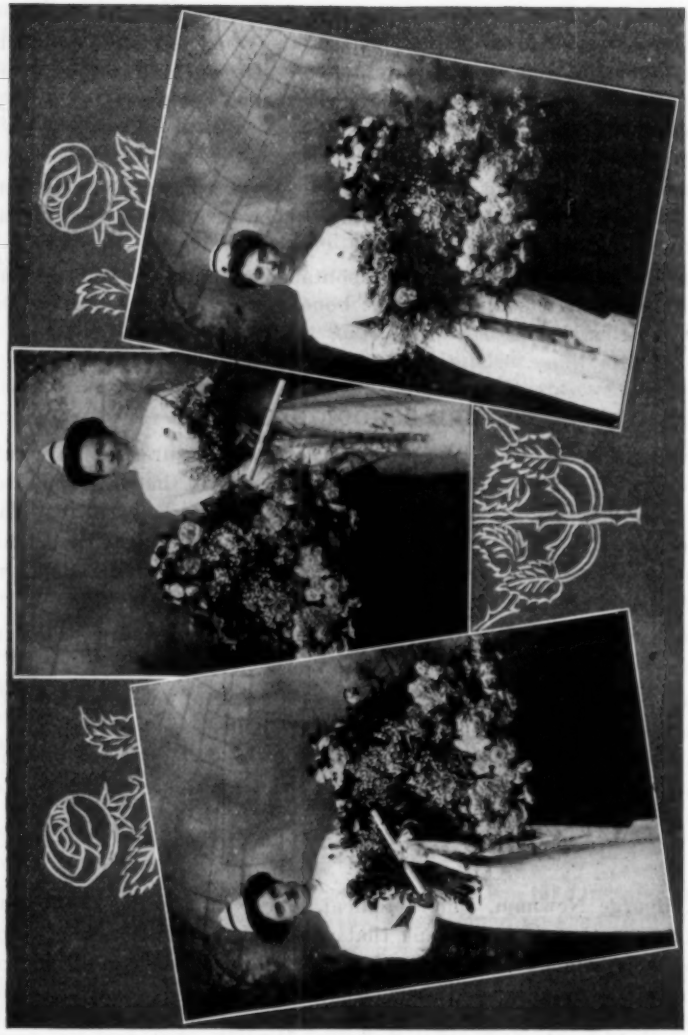
The class for backward and mentally defective children which was formed in Vancouver March 1st, 1911, has proved so successful that it has been decided to open a second class on October 1st, in charge of Miss Ruby Kerr. The work of the school nurse in Vancouver has grown to such an extent that it has been found necessary to employ a second nurse. Miss Aletha McLellan, graduate of Lowell, Mass., has received the appointment.

Miss Bone, Grace Hospital, Toronto, is taking a course in school nursing in Vancouver.

Miss Gilchrist, London, Ont., reports, as a result of her inspections for May and June, seven children had tonsils and adenoids removed, five had glasses fitted, and 14 had teeth filled. Some amusing things happen. One morning a child said: "Please, I was not expecting you; I am not fixed up." You may imagine the appearance of the child.

Dr. George Newman, Chief Medical Officer of the Board of Education, England, says that it is evident that the problem of disease and physical unfitness from infancy to the end of school life is, broadly speaking, one and the same; and that the conditions, whatever they may be, which produce a high mortality rate, are also exerting an injurious influence on the childhood of the state much beyond the age of infancy.—*Bulletin Chicago School of Sanitary Instruction.*

The Heather Club will hold its Annual Apron Sale at 611 Spadina Avenue on the afternoon and evening of November 9th.



CLASS 1911, BERLIN AND WATERLOO HOSPITAL.

ROBINA V. ROOS
Gold Medalist

AGNES KOELLN
Prize for General Proficiency

MINNIE FULTON
Silver Medalist

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Editorial

"THE CANADIAN NURSE."

"The Canadian Nurse" for May, 1910, set before its readers the financial position of the magazine and a plan was suggested by which a much better position might be obtained. The Canadian Nurse Fund was started and the interest of the nurses of Canada was solicited. The response has not been all that was hoped for.

The following is the report to date: E. J. Jamieson, $1; Alice J. Scott, $1; Minnie E. Christie, $1; Bella Crosby, $1; Mrs. Downey, $1; F. Wilson, Winnipeg, $5; B. Forsey, Mexico, $1; Alumnae Association, Kingston General Hospital, $10. Ida M. Carr, Brockville, Article $2.50.

The goal set before us was one thousand dollars. We may reach it some day if we persevere.

To provide skilled nursing for people of moderate means has been for a long time and still is a live question among nurses. The profession has long realized that this important field of work has not been covered. Different methods have been discussed from time to time, but to entirely solve the difficulty has, so far, seemed impossible. "The Canadian Nurse" for December, 1909, contained an article suggesting a plan by which this work might be done. This issue contains another suggestion by the same author and while we may not entirely agree with the principle still the article shows that the subject is being given thoughtful attention. It is hoped that members of the profession will express their views and offer suggestions. The result will surely be the solution of the difficulty and skilled nursing will be made available to people of moderate means.

We learn with deep regret the sad news of the sudden death of Miss Estrid Rodhe, the greatly esteemed editor of Svensk Sjuksköterketidning, the representative organ of Swedish nurses.

The trained nurses of England, America and India have had, within a few months, to lament the loss of professional leaders of the very first rank, and the death of Estrid Rodhe, who devoted her life to raising the standard of nursing in Sweden with so much success, will add another name to the list of those to whom nurses throughout the world owe gratitude and remembrance. The Swedish nurses have suffered the loss of a devoted friend and able leader. To them "The Canadian Nurse" tenders its most sincere sympathy.

ANTI-TUBERCULOSIS CAMPAIGN.

That the forces at work to combat tuberculosis are ever increasing is evident from the following extracts from "Bulletin, Chicago School of Sanitary Instruction":—

"The Chicago Tuberculosis Institute is about to undertake the gigantic task of examining some 18,000 employes of several large mercantile establishments of this city for the purpose of detecting cases of incipient tuberculosis and causing the prompt application of remedial measures thereto. In this connection the Institute issues the following bulletin:

"Early detection of tuberculosis in an employe is of great importance to himself, his co-workers and his employer.

"The chance of ultimate 'cure' or 'arrest,'' as well as restoration of the working capacity, gradually diminishes with the growth of the disease. The possibility of infecting others grows with the gradual transformation of a 'closed' incipient lesion into 'open' tuberculosis, with its swarm of tubercle bacilli in the sputum. The interests of employer are alike vitally affected by the gradual diminution of the productive capacity of a tuberculous employe.

"These considerations call for a system of medical examination of employes in all working places, as a measure of great importance to all concerned, the expense entailed in the maintenance of examinations being far outbalanced by the benefits derived.

"As a result of the efforts made by the Chicago Tuberculosis Institute during the last two years to interest manufacturing concerns in the medical examination of their employes, several of the larger firms in this city have recently put into operation measures calculated to reduce the amount of tuberculosis among their employes."

"The State of Massachusetts has recently placed upon its statute books several laws that easily place it in the vanguard as to public health matters. One of these laws provides that in every city and town in the State containing a population of 10,000 or more, as determined by the United States census, there shall be established and maintained within its limits a dispensary for the discovery, treatment and supervision of needy persons afflicted with tuberculosis. Such dispensaries shall be subject to the regulations of the boards of health in the cities or towns where they are located. Any city or town failing or refusing to comply with the provisions of the Act shall forfeit not more than $500 for each such refusal or neglect."

The new City Tuberculosis Hospital in Winnipeg for advanced cases, and the Provincial Sanitorium at Ninette for incipient cases, show that Manitoba is taking a foremost part in the war against this terrible plague. The two prime objects ever in mind are (1) the saving of those in the early stages, and (2) the prevention of infection. These forces, added to the work of the Anti-Tuberculosis Society, the Ladies' Auxiliary, the Tuberculosis Dispensary, and the Health Department, will accomplish much in this campaign.

The Public Health Exhibit recently held in the City of Toronto, and which was practically the first exhibit of its kind to be held in the Dominion, attracted large crowds of people and was voted an emphatic success by all who saw it. Among the exhibits that attracted particular attention and much

favorable comment was the exhibit installed by the Health Department of Chicago. The newspapers of Toronto devoted much space to the entire exhibit and were especially complimentary in their notices of the Chicago exhibit. The Governor-General of Canada, Hon. Earl Grey, spent considerable time in the study of the Chicago display and was so impressed with it that he has since made arrangements with the Commissioner for Health for its reproduction for exhibition purposes in Canada. The exhibit in its entirety may now be seen at the Coliseum.—*Bulletin Chicago School of Sanitary Instruction.*

Miss C. A. Aikens, Detroit, Mich., writes to ask assistance for one of the first graduates of St. Thomas' Hospital Training School for Nurses, which was founded by Florence Nightingale. Miss Aikens says: "One of those first seven trained nurses was Fanny Wilde. Not long ago I discovered Fanny Wilde—now Mrs. McEvoy—eighty-one years old, in dire distress and without any support for her remaining years." Her husband is eighty, their savings are used up, and they are in danger of being turned out for unpaid rent. The parish, though a poor one, has done much for them. Nurses will gladly help this aged member of the profession, I am sure, when they learn of the sore need. All contributions should be sent to Miss C. A. Aikens, 722 Sheridan Avenue, Detroit, Mich.

QUESTIONS.

Will nurses please note these questions and send answers through "The Canadian Nurse":—

1. What drug given internally would cause urine to become green after standing exposed to air a few minutes, the patient convalescing from typhoid fever?

2. Why is morphia so often ordered given to a patient when near death? Was told by a physician it was more stimulating to patients having kidney trouble than strychnine. I am not referring to patients who are suffering, but to those requiring stimulation.

3. When on private duty what is the best way to measure boracic solution for flushing babes' eyes, when you have no way of weighing the powder accurately?

A YOUNG NURSE.

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Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

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Regular meeting, second Thursday, 3.30 p.m.

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Regular meeting, second Tuesday, 3 p.m.

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The Association meets every six weeks.

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Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

(Continued from September)

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

When tired the four bearers stop, and tap on the poles, when four others step forward to relieve them, whom they salute with the gracious words, "Dio gliene renda merito" ("God reward you"), and the new-comers answer, "Vadano in pace" ("Go in peace").

The Capi di Guardia pay a yearly fee to the company, and take turns in bearing the expense of celebrating the Festival of St. Sebastian, Patron Saint of the order.

Early on that day, the 20th of January, High Mass is celebrated in the Oratory of the Confraternity, attended by the Archbishop and the chief authorities, a life-size state of the saint on the altar, with a beautiful silver monstrance presented by King Humbert, and all the silver plate, reliquaries and other treasures of the company are displayed freely to the public for three days. The mass is followed by the quaint old ceremony of the distribution of the panellini, small cakes joined in a circle, as a token of brotherly fellowship.

On Candlemas Day blessed candles are distributed, their weight graduated in order of rank in the company; the King and Royal Family and the Archbishop receiving large painted ones, the rest plain.

(To be Continued)

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

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Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to the Canadian Nurse Editorial Board, Miss Jamieson.

The Executive of the G. N. A. O. met at the new club room, Canadian Foresters' Building, College Street, on Wednesday, October 4th, at 3 p.m. Eleven members present. Miss Gray, who has so faithfully performed the duties of Treasurer for two years, resigned, and Miss L. L. Rogers, 908 Bathurst Street, was appointed Treasurer. Fees received for 1911 to date, $98.00; cash in bank, $415.66. Two new members were received.

Exception was taken to the Bill as approved by the Association, by the Canadian Society of Superintendents of Training Schools for Nurses on the ground that graduate nurses are interfering with the curricula of the Superintendents. This, surely, is a misunderstanding, for the Bill does not in any way deal with a curriculum.

The Calendar—a picture of Sairy Gamp, with her own definition of the "Art of Nursing" finished in sepia tones—was approved. The first copies of this will be in hand very soon. Nurses are asked to assist the Association in its sale. Orders for the Calendar at 25 cents each may be sent to the President, 41 Rose Avenue, Toronto.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.
Vice-Presidents—Miss Tedford and Miss Colquhoun.
Treasurer—Miss Des Brisay.
Secretary—Miss Colley, 133 Hutchison St.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.
Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

Madam President and Members of the C. N. A.:

At this 16th Annual Meeting of the Canadian Nurses' Association it is with much pleasure I submit the following report:

During the past year eight general meetings have been held with an average attendance of forty members. At these gatherings most interesting and instructive lectures were given by the following: November, Miss Derrick, on Heredity and Environment; December, Dr. Little, on Obstetrics; January, owing to illness we were debarred the pleasure of hearing Dr. Pennoyer's lecture on Surgery but I am happy to announce that this lecture will appear on the list for the coming season; February, Dr. Maude Abbott, Original Contributions of Women to Medical Science; March, Dr. W. F. Hamilton, Fevers, with Special Reference to Typhoid; April, Dr. T. A. Starkey, Hygiene from the Nurse's Standpoint.

The last meeting held in May was devoted to reminiscences of graduates. Miss Tedford spoke instructively and most interestingly on Modern Surgery, showing several new instruments and explaining their uses; Miss Trench, Superintendent of the Woman's Hospital, gave a short address dwelling specially on Caeserian section operations, which was greatly appreciated. Several other graduates spoke of interesting experiences. The thanks of the Association are duly extended to the doctors and ladies who so kindly contributed to the successful series of lectures for the past winter.

The various sub-committees have done noble work. The Flower Committee under Miss Colquhoun's supervision has helped to cheer many a sick and lonely one, as shown by grateful acknowledgments from those deprived from active service.

(Continued on Page 586)

My Scallop Shell of Quiet

THE TRUEST TREASURE.

Life may bring no bitter sorrow
When our hearts refuse submission,
When we long for a to-morrow
Bringing balm as Hope's fruition.

Love may bring no bitter sadness
When we know our love can never
Give anew the sense of gladness
That we thought it would forever.

Joy may bring no bitter trouble;
Faith may die in voiceless anguish;
Hope may seem an empty bubble,
When bereft of hope we languish.

Worldly peace may bring us only,
In our heart of hearts, disquiet;
Leaving us—will leave us lonely
Battling in the world's rude riot.

Trust in man may bring delusion;
Often, often hath it perished,
And we feel, in dim confusion,
'Twas a phantom that we cherished.

Trust in God in fullest measure
Holds of earthly change no leaven,
And it is the truest treasure,
For it makes of earth a heaven.

MACKENZIE BELL.

REGISTRATION OF NURSES.

On September 12th in the nurses' parlors of the new General Hospital, Regina, a representative gathering of the Saskatchewan Association of Graduate Nurses had the privilege of listening to an address by one of the most prominent women in the nursing profession in Canada, Miss Mary Ard McKenzie, of Ottawa, head of the Victorian Order of Nurses in the Dominion and, last year, President of the Association of Superintendents of Training Schools for Nurses. Her subject was one of outstanding interest to both the nursing profession and to the public, namely, Dominion registration of nurses. For the purpose of obtaining such registration, several nurses with a deep interest in, and a high regard for, their profession, organized the Saskatchewan Association some months ago.

Miss McKenzie, who is a most interesting speaker, in a clear, concise manner defined registration and its objects; pointed out a number of the obstacles and prejudices to be overcome in obtaining legislation; named several of the requisites of a good bill and touched upon the history of the movement and its progress to date, enumerating also the benefits to be derived.

Registration, Miss McKenzie defined in opening her address, as "A legislative measure, setting forth definite standards of education which nurses must obtain before being considered members of the profession."

Amongst the objects mentioned were: (1) To distinguish the trained woman from the untrained and thus avoid confusion. (2) To protect the public and doctors from having nurses partially trained for cases. (3) To protect other members of the profession. Every woman in uniform is to the public a trained nurse. This is an injustice to the many who have spent years in arduous training. Under a system of non-registration, both the sins of omission and commission of the untrained woman are laid at the door of the trained nurse. (4) To make uniform and systematize training for nurses; in other words to have a definite curriculum to which nurses must conform. (5) To raise the standard for the profession and retain a definite standard. The result of this will be that women with higher qualifications will be attracted to the profession than at the present time. Social service work especially requires college bred women.

Though the difficulties in the way of obtaining registration are not so

great in Canada as in the United States and Great Britain, still a number of obstacles and prejudices must be overcome.

Of these obstacles, the conservatism of the Canadian people was first touched upon; next, the objections from hospitals large or small not giving a well-rounded training. The registration movement is in many quarters misunderstood as a trade union for the purpose of shortening hours and raising prices, and is objected to upon these grounds, as well as the absurd one that it will bar out all women from doing any nursing, even for their own families, excepting a favored few who have had the required training. One of the greatest difficulties of all lies in the indifference of many nurses who, not considering the welfare of the profession, object that they only purpose staying in it a short time or that they see in registration no gain for themselves. To overcome these objections, education is required, education of the nurses of the public. The private nurse has opportunities for giving enlightenment whenever she has a patient. The press was mentioned as one of the best mediums for educating. It will be necessary to try to develop in nurses a professional spirit.

Miss McKenzie, who is now convenor of the Dominion Committee of Superintendents of Training Schools, appointed to deal with the question of registration, gave evidence of her splendid grasp of all phases of the question in enumerating points which are essential to a good bill.

First, "See that it is put under a recognized authority, something that already has acquired status. Legislation for registration of nurses is within the province of the Department of Education. Let it be stamped with the authority of this department. It will be necessary to begin with a provincial bill.

"In the second place, it must contain something definite in regard to admission and educational requirements. The length of course should be settled, three years being desirable.

"The curriculum should be settled with attention to the necessity for its being comprehensive and well-balanced.

"Provision should be made for the appointment of a Council and also for the transferring of nurses from one province to another. Qualifications touching character and penalties for unworthy conduct should be stated."

"As in all new bills, a proviso will be required whereby nurses already graduated may become registered nurses, but those entering upon their training at the present time must conform to the requirements stated."

While it is recognized that no bill can be a panacea for all ills, it is believed that with registration, the standards of the nursing profession will be raised and nurses will have a better status. Among nurses, it will promote the professional spirit and they will be bound together by a spirit of union. Training will become a really educational force and the public and doctors more contented. Nurses will be more settled and satisfied with conditions and women with better qualifications will take up the profession. The sick will be better cared for by those who are in earnest and take a serious view of their work.

No province in Canada has yet obtained registration, though two fruitless

attempts have been made in Ontario. All the provinces are now working but Prince Edward Island.

The plans for obtaining registration are as follows:

A small committee, composed of members of the Association of Superintendents of Training Schools, with Miss McKenzie as convenor, has been formed as a nucleus. It is planned to have a Dominion Registration Committee with representatives from each of the provinces, the Saskatchewan Association to have two. These representatives will work with the committee and look for all information in regard to registration, keeping the subject prominently before their associations. They will also, with the co-operation of their associations, draft bills suitable to the needs of their provinces. When all are drawn up, they will be taken by the Dominion Committee and from them a model bill will be prepared and presented in each province as near at the same time as possible.

The reasons advanced for this plan are that it will be possible to obtain a better bill when representatives from all parts are working on it and legislators will be more apt to give attention when women of the whole of Canada, who evidently know what they want, are behind the movement which has gained strength and dignity.

At the close of the address, those present had the pleasure of meeting Miss McKenzie and enjoying a social hour with her. Delicious refreshments were served, Mrs. W. A. Thomson and Mrs. E. J. Newton presiding over a table beautified with a profusion of sweet peas.

HOSPITALS AND NURSES

We regret an error in this department in the October number and welcome the correction. Miss Alice Stewart is Superintendent of the Tuberculosis League Hospital, Pittsburg, not of the Allegheny Hospital. Mr. P. K. Bechtel is Superintendent of the Allegheny General Hospital, Pittsburg, and Miss Muldrew, Johns Hopkins Hospital, '04, is the Superintendent of Nurses.

Miss Blackwell, graduate of Grace Hospital, has recently been appointed to the position of Superintendent, Midland Hospital.

Miss Baird, graduate of the Baptist Hospital, Chicago, and who for a year had charge of the operating room, Western Hospital, Toronto, has accepted the position of Assistant Superintendent in Stratford General Hospital.

Miss Goodall, graduate Hospital for Sick Children, who has been summering in the vicinity of Buffalo, has returned to the city very much improved in health, and intends taking up private nursing.

Miss Malcolm, graduate of the General Hospital, Paterson, N.J., is now in charge of the operating room Western Hospital, Toronto.

Misses Ingram and Ellerington, graduates of the Hospital for Sick Children, Toronto, have secured positions in the Mines Hospital, Cobalt, Ont.

The Misses Forrest, valued members of the Central Registry, left August 28th for Los Angeles, California, where they intend spending the winter.

IN 1898

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reported that "the preparation fulfills ALL the requirements and presents ALL the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the Emulsion should prove an excellent food as well as a tonic."

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Mrs. H. M. F. Bowman, Lady Superintendent of Berlin and Waterloo Hospital, Berlin, Ont., has returned from a most enjoyable trip to the West. Mrs. Bowman was the delegate of the Woman's Canadian Club of Berlin and Waterloo to the Conference of Canadian Clubs, held at Winnipeg. She says: "The discussions were good, the social functions most elaborate, and the people of Winnipeg are delightful." The visits to the hospitals of Winnipeg, Portage la Prairie, Moosejaw, Calgary and Banff were also a source of pleasure as well as profit.

Miss R. V. Roos, Gold Medalist of Class 1911, Berlin and Waterloo Hospital, has left for holidays before starting private duty in Berlin.

Miss De Bus, graduate of Berlin and Waterloo Hospital, has returned from Dr. Kelly's Hospital, Baltimore, where she has been the past year.

Miss Eva Borden, graduate of Berlin and Waterloo Hospital, has left for an extended holiday in the West.

We are pleased to welcome to our midst Miss Anastasia Detinger, graduate of St. Joseph's Hospital, London, Ont.

Miss E. P. McKinney, Calgary, Alta., is enjoying a well-earned rest visiting her brother at Kelowna, B.C.

Miss Black, who has been doing private work in Fernie, B.C., for the last two years, has gone to Vancouver to do private nursing.

Miss A. M. Andrews, who took the post-graduate course in School Nursing in Toronto in June, has returned to Fernie, B.C., after a pleasant holiday in Sarnia, Ont.

Miss Margaret Walker, graduate of Guelph General Hospital, has returned home from a three months' visit in Scotland.

Miss Mary A. Snively, the President of the Canadian National Association of Trained Nurses, is now on a visit to the Mother Country, and it is with pleasure that we note how young and bright she looks after a year's rest from official life. As Lady Superintendent of the General Hospital, Toronto, she initiated nursing organization in the Dominion, and has spared neither time or health in helping to build up the splendidly representative National Association of Canadian Nurses, of which she is President. In politics a great Imperialist, Miss Snively is very international in her professional sympathy, and fully intends to attend the International Meeting next year at Cologne. Nursing in Canada is making marvellous progress, and national and co-operative feeling is strongly developed amongst the graduate nurses. They are going to make a long, strong and united pull for State Registration at an early date.—*British Journal of Nursing.*

Miss McTavish, Lady Superintendent of the General Hospital, Prince Rupert, is visiting Mrs. Lumsden at Princeton, B.C. Mrs. Lumsden (née Miss Burgess) is a graduate of the Vancouver General Hospital.

Miss Day, graduate of the Western Hospital, Toronto, who has been doing private nursing in Vancouver, has gone to Burk's Falls, Ont.

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Miss Woodward, graduate Yonkers Hospital, New York, has taken charge of the new hospital at Ladysmith, B.C. Miss Ford, graduate Guelph General Hospital, is her assistant.

Miss Beatrice Williams, graduate Lady Stanley Institute, Ottawa, has accepted a position in the Rockefeller Institute, New York.

Miss Snow, Registrar, spent the month of July in New Brunswick.

In July the nurses in training at St. Luke's Hospital, Ottawa, gave a picnic followed by a dance at Rockliffe. A large number were present and all spent a pleasant evening.

The garden party given by the O. G. N. A. on the lawn at the Lady Stanley Institute in June was a decided success. Refreshments were served to a large number. The proceeds amounted to about a hundred dollars.

Miss Waddy, of Calgary, is at present doing private work in Fernie, B.C.

Mrs. Geo. Clode, who has had charge of the Michel Hospital, has gone to the Woman's Hospital, New York, to take a post-graduate course. During Mrs. Clode's absence Miss Pike will have charge.

Dr. Fred D. Weidman, Demonstrator in Pathology at the Woman's College of Philadelphia, Assistant Demonstrator in the Medical School of the University of Pennsylvania, and Assistant Pathologist to the Philadelphia Zoological Society, has been appointed as Lecturer in Pathology to the students in training at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.

Miss Alma Snipes, Supervising Nurse at the Georgia State Sanitarium, who had been sent by the State Institution to Philadelphia to take the courses in Massage, Medical and Orthopaedic Gymnastics and Hydro-Therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., after completing her courses and receiving her diploma, has returned to the Georgia State Sanitarium at Milledgeville to take up her new duties as Instructor in Massage, Gymnastics and Hydro-Therapy to the nurses in training at this institution.

Miss Anna M. Barr, a graduate of the Women's and Children's Hospital, of Kansas City, Mo., and later Head Nurse of St. Luke's Hospital, Kansas City, who is also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been requested to teach the art of Massage to the nurses in training at the Kansas City General Hospital and St. Luke's Hospital, Kansas City, Mo.

Miss Naomi Magnuson, of Orion, Ill., a graduate of the Moline Public Hospital, and Miss Eunice Magnuson, of Orion, Ill., who are both graduates of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., have been placed in charge of the Sanitarium Treatment Rooms at Fairbury, Ill.

Miss Annie F. Tidy, of Boston, Mass., a graduate of the New England Baptist Hospital and also of the Pennsylvania Orthopaedic Institute and School

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of Mechano-Therapy, Inc., Philadelphia, Pa., has been placed in charge of the mechanical department at the Methodist Episcopal Hospital, Brooklyn, N.Y., to succeed Miss Charlotte P. Moodie, a graduate of the Brookline Free Hospital for Women, and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, who has been engaged as Head Nurse by the Pennsylvania Orthopaedic Institute, Inc., Philadelphia, Pa.

The Victorian Order of Nurses now has a staff of five in Vancouver, B.C., for whom a new home is being purchased—the Florence Nightingale Home. The citizens of Vancouver were asked, on Saturday, September 30th, to show their appreciation of the work of the Order by assisting in the purchase of this Home.

Miss G. Cowlin, graduate of St. Bartholomew's Hospital Training School for Nurses, London, England, has entered Teacher's College, Columbia University, New York, for the prescribed course of study in the Hospital Economics Course, under the direction of Professor M. Adelaide Nutting.

The usual monthly meeting of the Victoria Nurses' Club was held on Monday, September 4th, in the committee room. Nine new members were proposed. Dr. H. J. Wasson gave a most interesting lecture on "Infant Feeding." A vote of thanks was tendered the doctor for his enjoyable lecture, after which tea was served in the "tea room," bringing the very interesting meeting to a close.

The Training School for Nurses in connection with the Lady Grey Hospital, Ottawa, has formed an affiliation with Bellevue and Allied Hospitals, New York, so that pupils will receive nine months' instruction in general nursing.

The Anti-Tuberculosis Association, Ottawa, is considering plans for a Sanitarium for incipient cases of tuberculosis, in connection with the Lady Grey Hospital.

The graduation exercises in connection with the Training School for Nurses of the Toronto Hospital for Incurables were held on Tuesday, September 12th at three o'clock. Rev. Prof. Law conducted devotional exercises, after which Sir Mortimer Clark, who presided, called upon the Lady Superintendent, Miss Elizabeth Ross Greene, who gave her report for the year. Mr. Ambrose Kent, President of the Board of Management, then spoke, after which addresses were delivered by President Falconer of Toronto University and Dr. Charles Hastings, M.H.O.

The diplomas were then presented by Lady Mortimer Clarke, the ten graduates being Miss Margaret Shields, Shelburne; Miss Bertha Smith, Toronto; Miss Jane Johnston, Wychwood; Mrs. Grace Jenkins, Wisborough Green, England; Miss Florence B. Batho, Plum City, Wis.; Miss Ethel May Roblin, Picton; Miss Bessie Vogan, Rodney; Miss Viola Meinke, Berlin; Miss Lillian Berkeley Smith, Toronto, and Miss Mabel McCraney Smith, Toronto.

A number of special prizes were then presented. The gold medal for general proficiency, given by the President of the Board of Management, was awarded to Miss Bertha Smith, while the silver medal presented by Dr. Alex-

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FRED D. WEIDMAN, M.D. (Demonstr. Woman's College of Phila., Univ. of Penna.)
WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)
LOUIS H. A. VON COTZHAUSEN, Ph. G., M. D. (Grad. Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopædic Institute.)
MAX. J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).
HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden.)
LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)
CHARLOTTE P. MOODIE (Brookline Free Hosp. for Women, Phila. Lying-In Charity Hosp., Penna. Orth. Institute.)

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Sprains

ander Davidson on behalf of the Examining Board, went to Mrs. Grace Jenkins. The prize for neatness of room and person was presented by Mrs. R. B. Hamilton to Miss Margaret Shields, and that for practical nursing, given by the Lady Superintendent, was awarded to Miss Jane Johnston. The best paper from Class 1910 on Massage brought a prize to Miss Bertha Smith, presented by Mrs. Grant Macdonald, while the similar award for Class 1911 went to Miss Johnston. The prize for the best administratrix in Class 1910 went to Miss Bertha Smith, and that for Class 1911 to Miss Batho, and were both presented by Miss Dixon. Mrs. John Sloan also gave prizes to each of the graduates, the object being to encourage the true nursing spirit. The diplomas for first aid to the injured, awarded by the St. John's Ambulance Association, were presented by Dr. C. J. Copp.

At the close of the programme afternoon tea was served in the Board Room.

Treasurer's report of the Toronto Central Registry of Graduate Nurses, for August, 1911: Registry calls, 146; personal calls, 60; total, 206; cancelled, 2. Balance in savings account, $1,113.61; balance in current account, $284.25; on hand, $5; fees received, $175; disbursements, $116.68; balance, $1,461.68.

The Peterboro Nicholl's Hospital Alumnae Association held its eleventh annual meeting in the parlor of the Y. W. C. A. on the afternoon of October 4th. The officers for the coming year are:—

President—Miss F. Dixon, 501 Water St.

First Vice-President—Miss Brown, 298 Pearl Ave.

Second Vice-President—Miss Dockrill, 141 Rubidge St.

Secretary—Miss B. Mowry, Superintendent Queen Mary Hospital.

Treasurer—Miss E. Davidson, 563 Park St.

The Canadian Nurse Representative—Miss M. Ferguson, 476 Bonaccord St.

A delightful social hour was spent and a deepening interest in the live questions of the present was manifested.

Miss Beamish, late of the General Hospital, Atlantic City, succeeds Miss McGregor as Assistant Superintendent of the Nicholl's Hospital, Peterboro.

Miss Kilgour, late Assistant Superintendent of the Toronto General Hospital Training School for Nurses, is Superintendent of the Maryland General Hospital, Baltimore, Md.

Miss Jean Ferguson, graduate of Kingston General Hospital, has been appointed Night Supervisor of the Butterworth Hospital, Grand Rapids, Michigan.

The Graduate Nurses of Prince Albert, Sask., convened at the Nurses' Home of Victoria Hospital and organized a branch of the Provincial Association. The officers are: President, Mrs. D. W. Adams, graduate Winnipeg General Hospital; Secretary-Treasurer, Miss Grace Cordell, graduate London Hospital, London, Eng.; Corresponding Secretary, Miss Florence I. Campbell, graduate Hospital for Sick Children, Toronto, Superintendent Victoria Hospital, Prince Albert. The nurses of Saskatchewan are realizing the need for

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At this season, when Laryngitis, Pharyngitis, Tonsillitis, Bronchitis, Pleuritis and other diseases of the throat and chest are so prevalent, a dependable remedy to relieve the inflamed and congested tissues, as well as to inhibit the extension of the disease is most desirable.

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registration and are taking the first steps by becoming organized. We wish this new Association every success.

The Central Registry Committee held its regular monthly meeting at the office of the Registrar, 569 Bathurst Street, on Monday, October 2nd, at 3 p.m. The Registrar's report showed the total number of calls for September to be 214. The balance in the savings account is $1,113.61 and in the current account $327.39. Ten new members were accepted, making a total membership of 359. Since January 77 nurses have joined the Registry and 68 have resigned, some to be married, some to take hospital positions and some to do private nursing elsewhere. The question of raising the nurses' fees was discussed but was left for decision till the opinions of the different Alumnae Associations had been obtained.

Miss Strofton, graduate of St. Michael's Hospital, Toronto, has returned from a pleasant visit in Bluefield, West Virginia, and has gone to take a hospital position in Vancouver, B. C.

Miss C. C. Fraser, graduate of St. Michael's Hospital, has also gone to Vancouver, B. C., to take a hospital position.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the club rooms, Somerset Street, Monday, October 9th, at 3 o'clock. A large number were present.

Mr. Andrew Haydon, solicitor, gave a very interesting and instructive talk on the Incorporation of the Association.

The Registrar's report gave number of calls since April, 347. Membership 96.

Refreshments were served at the close of the meeting and a social hour enjoyed.

The Alumnae of St. Michael's Hospital had its first meeting of the season on Monday, October 9th. Miss Crosby was present and explained the Central Registry Extension Fund. Two new members were received. The Association voted $5.00 to the fund being raised for Mrs. McEvoy, one of the first graduates of St. Thomas' Hospital, London, Eng., instituted by Florence Nightingale.

The Victoria Nurses' Club held their regular monthly meeting Monday, October 2nd, at 3 p.m. in the club room. Miss Clarke, President, was in the chair. Nineteen were present. One new member was admitted. Two sick members were voted $25.00 each from the Sick Benefit Fund. Our new notepaper and envelopes were opened and checked. The paper is a blue-grey, with dark blue die "Victoria Nurses' Club" in the corner, and comes from England. After the business meeting, Dr. R. L. Fraser gave an interesting talk on his recent visit to the Mayo Brothers at Rochester. A social cup of tea was enjoyed at the close.

The first meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses for this year was held in the Nurses' Residence on Friday, October 6th, at 3.30 p.m. The President, Miss J. F.

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Stewart, presided. After the disposal of business, the report of the Boston Convention was given by Miss Crosby, the delegate of the Association. The next meeting will be held on November 3rd.

Mrs. Annie M. Woodbury, R. N., a graduate of the Salem Hospital, Salem, Mass., and West End Infants' Hospital, Boston, Mass., and also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been placed in charge of the mechanical department at the Scarlet Oak Sanatorium of the Bethesda Hospital, Cincinnati, Ohio, to succeed Miss Carrie I. Farrington, a graduate of the Central Maine General Hospital and Women's Hospital, New York, and also of the Pennsylvania Orthopaedic Institute, who has purchased the Smith Sanatorium Treatment Rooms at Flint, Mich.

At the end of the summer courses in Mechano-Therapy the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.: Ella Hankinson, Union Grove, Wis., Trinity Hospital, Milwaukee, Wis.; Ella Stridde, Neenah, Wis., Trinity Hospital, Milwaukee, Wis.; Martha A. Rutherford, R.N., New York, N. Y., Manhattan State Hospital and Polyclinic Medical School and Hospital; Jessie B. Mathews, Jacksonville, Fla., Grady Hospital, Atlanta, Ga., St. Luke's Hospital, Jacksonville, Fla.; Mayme Kennison, Providence, R. I., Dr. King's Hospital, Portland, Me.; Naomi Magnuson, Orion, Ill., Moline Public Hospital Training School, Moline, Ill.; Eunice Magnuson, Orion, Ill.; Elizabeth I. Chapple, New York, N. Y., Dr. Stockton's Private Sanatorium, Buffalo, N. Y.; Catherine M. Lynch, New Haven, Conn.; A. F. Zimmerman, Hot Springs, Ark., U. S. Army Hospital Corps.

The second section of the fall classes opens on November 15th, 1911. The winter classes open on January 9th and March 12th, 1912.

MARRIED.

SKEAD—MANCHESTER.—At Ottawa, June 12th, 1911, Mr. Mac. Skead to Miss Helen Manchester, graduate St. Luke's Hospital, New York. Mr. and Mrs. Skead sailed for London, where they spent six weeks.

WADDELL—POTTS.—At Ottawa, in June, 1911, Mr. B. Waddell to Miss Jessie Potts. Miss Potts is a graduate of the Lady Stanley Institute, Ottawa.

VAUGHAN—PAUL.—At the First Baptist Church, Vancouver, B.C., on Thursday, September 14th, Miss Murdel Marks Vaughan, of Vancouver, to Dr. Norman Joseph Paul, of Hope, B.C. The ceremony was performed by the Rev. H. Francis Perry, in the presence of relatives and friends. Dr. and Mrs. Paul, after their wedding journey, are to reside at Hope, B.C. Mrs. Paul is a graduate of the Royal Jubilee Hospital, Victoria, B.C.

GRAY—CAMERON.—At Toronto, August 12th, 1911, Miss Flora Cameron, graduate Toronto General Hospital, to Mr. Gray, Sudbury, Ont.

HORLICK'S MALTED MILK

IN PULMONARY TROUBLES

Gives a new conception of what can be accomplished with a milk diet in the treatment of Pneumonia, Bronchitis, Neurasthenia, Tuberculosis, as well as children suffering from Malnutrition. All the food value of pure milk enriched and modified with the soluble nutritive extracts of choice malted cereals. The ratio of protein to carbohydrate and its perfect digestibility commend it as a reliable reconstructive. Has a delicious flavor, that makes it acceptable to those who rebel against plain milk as a steady diet.

Samples sent free and prepaid, to the profession upon request.

HORLICK'S MALTED MILK CO.

25 ST. PETER ST., MONTREAL, QUE.

SLOUGH, BUCKS, ENGLAND RACINE, WIS., U.S.A

Vapo-Cresolene

For Thirty Years

Vaporized Cresolene

has held its position as a valuable remedy for the bronchial diseases of childhood.

It is particularly useful in the treatment of the very young.

Cresolene is indicated in Whooping Cough, Croup, Bronchitis, Asthma, Coughs and the bronchial complications incident to Scarlet Fever and Measles.

Vaporized Cresolene is destructive to Diphtheria bacilli and may be advantageously used in connection with the treatment of this disease.

Let us send you our descriptive and test booklet which gives liberal sample offer.

THE VAPO-CRESOLENE CO., 62 Cortlandt Street, NEW YORK Leeming-Miles Building, Montreal, Canada

(Continued from Page 568)

The Refreshment Committee under the management of Mrs. Petrie and Miss Hills has added greatly to the enjoyment of the meetings by providing the social cup of coffee.

The Literary Committee has ably done its part by keeping our page in "The Canadian Nurse" well supplied with editorial and other items.

In December last a cordial invitation was received from the Alumnae Association of the Royal Victoria Hospital to meet Miss Crosby, of Toronto. Several graduates availed themselves of the pleasure and listened to a most able plea in the interests of "The Canadian Nurse." Here I would remind the ladies that this journal needs our co-operation and support and it is earnestly hoped that all who have not hitherto subscribed will do so.

A deputation consisting of Drs. Blackader and Hill was received in February from the Children's Memorial Hospital asking that its graduates be admitted as members of the Association. After due consideration it was decided to receive them as children's nurses only.

In May our Association was represented by Miss Phillips at the Convention of Superintendents of Training Schools for Nurses which was held at Niagara Falls, also at Annual Meeting of the Graduate Nurses' Association of Ontario.

During the year it was found necessary to propose a change in Article XI in the Constitution, of which due notice was sent to all members of the Association.

It is proposed to hold a Child Welfare Exhibition in this city in October, 1912, and through our affiliation with the Local Council of Women our Association has been asked to work on several committees. It is therefore hoped that we may have a hearty response when the call comes for workers in this most philanthropic undertaking.

The question of registration is constantly being brought before us, and we are reminded on every side that now is the time to protect our profession and raise our standard. We would therefore enlist all members to help in the struggle to obtain their R. N.

In November next Miss Crosby, of Toronto, has been invited to address the Association on this vital question, when it is hoped we shall have a large representative meeting.

The thanks of the C. N. A. are again due to the members of the Medico-Chirurgical Society for the gratuitous use of their rooms.

Also to Mrs. Burch for her admirable management of our register and her kindly interest in the Association.

Our register now numbers 227 members. And if we can judge by the number of letters received from all parts of the world regarding information relative to graduates of various hospitals, we can readily see our Association is growing and being more widely known each year.

Respectfully submitted,

GEORGIE H. COLLEY,

Secretary C. N. A.

Send Him Away, Doctor

THE patient needs a change. Possibly conditions are such that he does not readily respond to the treatment as he should. A new environment may awaken the necessary response. Here at the Battle Creek Sanitarium the patient comes in contact with a new world of ideas. He thinks he's a chronic. His mind is made up that he is practically 'incurable." He comes here and meets people who were in a like condition, but who are now making decided progress on the road to recovery.

We would like to have you come here Doctor and see for yourself. If you will come we will not make any charge for you or your family for ordinary examinations, treatment and baths. We would like to have you know the Sanitarium as it is to-day. It is a practical scientific demonstration of what can be done by continued adherence to a principle. If you will read the Physician's Book entitled THE BATTLE CREEK SANITARIUM SYSTEM, (a copy of which will be sent to you upon request) you will see in the chapter on examinations, how the Sanitarium gets at the fundamental facts regarding the underlying causes of a patient's break-down.

Please tell us when we may expect you at the Sanitarium, and also tell us of any of your patients whom you would like to have consider coming to the Battle Creek Sanitarium. For convenience we would thank you for using the coupon in the corner of this announcement.

FILL OUT COUPON AND MAIL TO US

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THE SANITARIUM
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Please send Physician's Book to me.

Name .....*M.D*

Street No.....

City.....*State*.....

And send your "Portfolio of Views' (forpublic) to the enclosed names

THE NURSES' LIBRARY

Text-Book of Massage, by L. L. Despard, Member and Examiner Incorporated Society of Trained Masseuses. Very fully illustrated with anatomical drawings. 290 pages (1911), $3.25. London: Oxford Medical Publications. Toronto: D. T. McAinsh & Co.

Miss Despard emphasizes the necessity of learning the practical work from a competent teacher. She has given the pupil, and, indeed, the graduate masseuse, a very complete and valuable treatise for study and reference. The "Foreword" describes the work as "a complete treatise going thoroughly into the requisite anatomical details as well as describing minutely the various forms of massage." "The physiological explanations of the functions of the body serve to explain how and in what way the manipulations of the masseuse prove beneficial. The enumeration of the various medical and surgical ailments in which massage has been found useful, and of the precautions to be adopted, and the manner in which it is to be applied in each case, is admirable and leaves nothing to be desired by one who is anxious to thoroughly master the subject and to practise the art intelligently."

The Principles and Practice of Bandaging, by Gwilym G. Davis, M.D., Universities of Pennsylvania and Gottingen; Member of the Royal College of Surgeons, England; Professor of Orthopedic Surgery, University of Pennsylvania, etc. Third edition. $1.00 net. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia.

The principles of bandaging are carefully explained and carefully prepared drawings make the appearance of a properly applied bandage familiar. "The right way is the best way" and it can be learned readily from this book.

A Teacher's Handbook of Moral Lessons, by A. J. Waldegrave. The National League for Physical Education and Improvement, 4 Tavistock Square, London, W.C., England. 1/6 net.

The need for definite moral instruction is generally conceded. Just how to plan such study so that the most good will be accomplished is often difficult to decide. This handbook will prove of great assistance to the teacher and also the nurse teacher. Good suggestions clear the way. Some of the divisions deal with habits, manners, patriotism, justice, truthfulness, zeal, etc.

The Children's Book of Moral Lessons, by F. J. Gould. The National League for Physical Education and Improvement, 4 Tavistock Square, London, W.C., England. Paper 6d, cloth 1s.

These lessons are intended for children from 10 to 14 years of age. "The highest end of home and school education is to mould the child's character as a moral being, and to attain this end we must discipline the child's natural good feeling by systematic lessons in the interpretation of personal and civic conduct." This book should be in the hands of mothers and teachers. Nurses will do well to acquaint themselves with it so as to be prepared to do the work that lies to their hand along this line.

Let me tell you about Benger's Food for Invalids

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

BENGER'S FOOD, Limited,
Otter Works, Manchester, Eng.

GLYCO-THYMOLINE
TRADE MARK
CONTAINS FOUR PER CENT OF ALCOHOL
IS PUT UP IN THIS STYLE WITH SPRINKLE TOP FOR DENTAL PURPOSES. USED DAILY AS A DENTIFRICE AND MOUTH WASH.
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to any TRAINED NURSE on application.

We want you to know the value of GLYCO-THYMOLINE. It stands on its merits.

Mention This Magazine.

KRESS & OWEN COMPANY
210 Fulton Street, NEW YORK

Mr. Eugene P. Sullivan, a graduate of the Gowanda State Hospital, Gowanda, N. Y., and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the male mechanical department at the sanatorium recently built by Mrs. Anna Gebhart, also a graduate of the Pennsylvania Orthopaedic Institute, at Dayton, Ohio.

Miss Maria T. Kevill, of Philadelphia, Pa., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been requested by the Pennsylvania Hospital for the Insane at Philadelphia to teach the art of massage to the nurses in training at the hospital.

The Health Visitor, published by the National League for Physical Education and Improvement, 4 Tavistock Square, London, W.C., England, gives in clear, concise form the functions, qualifications and training of health visitors and emphasizes their proper remuneration. Voluntary health visitors may act under the Medical Health Officer. A list of books of reference is given. Some interesting statistics "Where Health Visitors Are at Work" are given on the last pages of the pamphlet. Nurses interested in this work will find this pamphlet good reading. Price one penny.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS.

Canadian Militia.

Headquarters, 13th July, 1911.

To be a Nursing Sister (supernumerary): Miss Bessie Bell Fox. 7th April, 1911.

By command,

F. L. LESSARD,
Brigadier General, Adjutant General.

BIRTHS.

At 36 Jackes Ave., Toronto, on Friday, October 6th, to Mr. and Mrs. Mill Pellatt, a daughter. Mrs. Pellatt (neé Bowerman) is a graduate of Toronto General Hospital.

CODY—At Toronto, on September 20th, to Mr. and Mrs. Cody, a son. Mrs. Cody (nee Allen) is a graduate of Toronto Western Hospital, Class '07.

The marriage is announced of Miss Ella Irene Shepard, graduate of the Hospital for Sick Children, Toronto, to Mr. Samuel Otis Turner, Vancouver, B.C., on August 2nd, 1911. Mr. and Mrs. Turner will be "At Home" 720 8th Ave. West, Vancouver, B.C., after October 1st.

PUBLISHER'S PAGE

Public playgrounds, whether open or under cover, have been eye-openers as to the value of scientifically directed play for children of all ages. The old idea was that a child instinctively used his muscles in the best possible way when playing his own crude games. It is now a recognized fact that the muscles develop better, the body stronger, the brain activity much keener, and control of the senses more quickly gained, when children's play is directed. It was an error to drop play supervision as soon as a child was promoted from kindergarten schools and to resume training only for those inclined to athletics.

But, however excellent systematic body-training a child has, and although he gets fresh air to breathe by night and day, the "adequate food" supply remains a stern necessity. Just so much of each kind of body-fuel is required to sustain normal health. Lime, phosphates and fat elements are those needed in the majority of all cases of malnutrition in children. SCOTT'S EMULSION combines these natural foods in the purest and most assimilable form. Too much valuable time is lost waiting for ordinary nourishment to correct rickets, build bones and teeth and feed flabby tissues. The Emulsion is more necessary than physical exercise, but when both these prescriptions are given to any child, rapid invigoration is sure to result.

The value of heat as a therapeutic agent has been so conclusively proven that it will admit of no further argument.

Convective heat is particularly applicable in cases where radiant heat is not indicated, and the reverse is quite true. Their differential thermic value is clearly set forth in the October issue of the Bloodless Phlebotomist along with an interesting paper by Dr. David MacIntyre, a Cunard surgeon, upon "Drugs at Sea."

In the same issue of the Phlebotomist, Dr. Edward Parrish, of Brooklyn, presents his methods of treating Tic Douloureaux, and Dr. Leverett, of Yonkers, relates his experience in the successful handling of ivy poisoning cases, which in many instances are quite as intractable to handle as Tic Douloureaux.

It is worth while to write to The Denver Chemical Mfg. Co., New York, for a copy of the Bloodless Phlebotomist for October.

And now the little army of young humanity, after the long vacation, trips back to school to commence the long period of mental and bodily stress and strain inseparable from indoor confinement and long hours of work and study.

If the young pupil is fortified by the toning and building up of blood and tissue, the prevalent school infections—measles, scarlet fever, and diphtheria —are much more likely to pass them by. Pepto-Mangan (Gude) is especially indicated as a blood tonic and general reconstituent for children, as it is palatable, easily taken, free from disturbing effect upon the digestion, and devoid of constipating action. It can be taken for any length of time without danger of injury to the stomach, and its effect is soon noticeable in increased appetite, improved color, better spirits and increased weight.